FINANCE AND ADMINISTRATION CABINET

WITHDRAWAL OF COMPLAINT OR APPEAL

Date:_____

TO: Finance and Administration Cabinet

I, _____, hereby withdraw my

Check appropriate term:

☐ complaint or ☐ appeal (appeal from finding)

filed on _____ against _____
Date Name

located at _____.

Complainant's Name: _____

Complainant's Address: _____

_____

Reason for Withdrawal:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed:_____